



THOMAS J. PASTUSZKA, CMC, CCB  
EXECUTIVE OFFICER/CLERK

# County of San Diego

## ASSESSMENT APPEALS BOARDS

1600 PACIFIC HIGHWAY, ROOM 402, SAN DIEGO, CALIFORNIA 92101-2471

TELEPHONE (619) 531-5777  
FAX (619) 531-6098

### 45-DAY WAIVER OF NOTICE OF HEARING

#### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Contact Phone No: \_\_\_\_\_

#### AGENT/ATTORNEY INFORMATION (if applicable)

Agent/Attorney Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Contact Phone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_

#### Check one box below:

- ☐ As the applicant, I am requesting that the 45-Day Noticing for the Application Number(s) listed below on said hearing date be **WAIVED**.
- ☐ As the authorized Agent/Attorney for the Applicant named above, I am requesting that the 45-Day Noticing for the Application Number(s) listed below on said hearing date be **WAIVED**.
- ☐ As the authorized employee/Corporate Office, I am requesting that the 45-Day Noticing for the Application Number(s) listed below on said hearing date be **WAIVED**.

#### Appeal Application Information:

APPLICATION NUMBER(S)	APN(S) (Assessor's Parcel Number) and/or TAX BILL NUMBER	HEARING DATE	HEARING TIME

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_